Journal of Pediatric Nursing 45 (2019) 51–56

Contents lists available at ScienceDirect

Journal of Pediatric Nursing

journal homepage: www.pediatricnursing.org

Pediatric Staff Nurses' Conceptualizations of Professional Development

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ARTICLE INFO

Article history:
Received 3 May 2018
Revised 7 January 2019
Accepted 8 January 2019

Keywords:
Nursing professional development
Nursing education
Pediatric nurses
Staff development
Continuing education

ABSTRACT

Purpose: Despite professional developments' (PD) multiple benefits, many nurses grapple with its meaning. The purpose of this study was to comprehensively examine what PD means to nurses working in a pediatric hospital.
Design and methods: A correlational study design was used. A 33 item survey was used to collect data.
Results: A total of 74 pediatric nurses completed the survey. The average age and years of experience were 33.5 and 8.3 respectively. Continuing nursing education was the highest ranked component while professional organization membership was lowest. The top ranked motivator was to increase patient care knowledge base while salary was lowest. Highest barrier to pursing PD opportunities was family commitments and lowest was PD knowledge. Younger nurses placed more importance on seeking degrees for their PD compared with older nurses. Continuing education was more important to nurses with bachelor's and master's degrees versus those with A.D.N. or diplomas. Younger nurses placed greater importance on PD to expand job opportunities than their older counterparts.
Conclusion: Study findings suggested that most nurses' main motivation to seek PD opportunities was to provide safe, quality care. The fact that committee involvement, research, and professional organization membership were the lowest ranked components suggested that many nurses may need encouragement and education regarding how these too are important components of PD.
Practice Implications.
Findings may help nurses to further embrace this concept and grow professionally. Approaches for encouraging nurses to seek PD opportunities may need to vary depending upon the nurse's age and education level.

Introduction and background

Professional development (PD) is vital for nurses throughout their careers to enhance opportunities and help advance the profession of nursing. Wilson (2015) suggests that PD encompasses not only education but also other activities. These activities include growth within one's current role, membership in professional nursing organizations, mentoring opportunities, and interprofessional workgroups. Additionally, PD is reflective of life-long learning and is essential for nurses to stay relevant as frontline leaders. The Association for Nursing Professional Development scope and standards of practice (Harper & Maloney, 2016), identifies PD as (1) embracing and understanding evidence-based practice and basic research processes, (2) developing clinical and leadership skills, (3) maintaining competency, and (4) engaging in life-long learning.

A study by Averlid (2017) identified the desire to deliver high quality care to patients as a motivator for nurses seeking PD opportunities. This study finding suggests that PD benefits not only the individual nurse but also employers and the profession as a whole. Additionally, striving for high quality care may result in improved patient outcomes. Two other studies' findings identified additional benefits of PD. Winslow, DeGuzman, Kulbok, and Jackson (2014) found a strong correlation between self-efficacy and professional practice behaviors. Specifically, the perception of self-efficacy was higher in nurses who chose to advance their academic education. A study of nurses working in a mid-sized hospital in the southwestern United States found that job satisfaction and career development correlated positively with retention (Yarbrough, Martin, Alfred, & McNeill, 2017).

Demographic differences, particularly age, may correspond with differences in understanding of and participation in PD. Bell (2013) and Pool, Poell, and ten Cate (2013) believed that older nurses are less attracted to seeking additional academic education for their PD in comparison with younger counterparts. Life experiences, significant life events, advancing technology, and globalization contribute to differences in the perception and preference of PD opportunities (Bell, 2013). Work setting and availability of continuing education hours also contribute to differences in pursuing PD opportunities (Headley, 2006; Katsikitis et al., 2013).

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https://doi.org/10.1016/j.pedn.2019.01.002
0882-5963/

Despite the benefits of PD, many nurses grapple with what it is and what it can mean to the profession and to the individual. Many nurses may lack the knowledge and skills to effectively plan the advancement of their PD possibly because information identifying PD components, motivators, and barriers is limited. To address this gap, a study was conducted with the purpose of comprehensively examining PD components, motivators, and barriers as reported by nurses working in a pediatric setting. A second study purpose was to develop a survey to examine PD components, motivators, and barriers that demonstrates internal consistency reliability.

Research questions:

To investigate the study purpose, three research questions were asked:

1. What are the PD components, motivators, and barriers identified by nurses working in a pediatric setting?
2. Are there relationships between age, years of nursing, level of education, and PD components, motivators, and barriers?
3. Are there differences in the variables of age, years of nursing, level of education and PD components, motivators, and barriers?

A fourth research question involved the newly-developed data collection tool.

4. What is the internal consistency reliability of the survey designed by the research team to examine PD components, motivators, and barriers?

Methods

Design/setting

A correlational study was conducted to examine what professional development meant to nurses working in an acute care pediatric hospital setting. The 112-bed facility, part of a 49-hospital system, is located within the southwestern United States. The Institutional Review Board for the health care system granted exempt approval.

Data collection

Registered nurses (RN) employed within the pediatric hospital who served as staff or worked in management, education, or advance practice were invited to complete a 33-item survey. A total of 100 RNs were invited to complete the survey.

The subjects completed the survey anonymously either with pencil and paper or online via the online survey development software SurveyMonkey®. Subjects completing the pencil and paper version of the survey were recruited at staff meetings and during a PD fair at the hospital. Those completing the survey online were sent an e-mail explaining the study purpose and were provided a link to the online survey. To prevent duplication of responses, email invitations for the online survey were sent only to staff who did not attend the professional development fair or staff meetings during study recruitment. These different approaches were needed to increase the number of subjects that could be reached.

Measurement

The survey was developed by the research team, which consisted of three nursing PD specialists, each representing a pediatric specialty area, as well as a nurse scientist. Survey questions were developed based on the research team's experience and a review of the literature. Because the research team wanted to have the survey ready in time for an upcoming PD fair to increase the possibility of recruiting more study participants, the team was unable to have additional experts review the tool for content validity. The survey contained questions about demographics and understanding of PD and consisted of six to eight questions each about specific components of PD, self-identified motivators for seeking PD opportunities, and barriers to seeking PD opportunities. The questions about PD components asked respondents to rate the importance of each of the following: academic education, continuing nursing education, specialty certification, nursing research, membership in professional organizations, and participation in work-related committees. Respondents were asked to rate each of the following motivators: increasing personal fulfillment, improving self-confidence, increasing job opportunities, increasing salary, increasing knowledge base to improve patient care, extending clinical role, and broadening their perspective on nursing receiving promotion. The barriers rated were finances, family commitments, job responsibilities, accessibility of offerings, knowledge of PD, knowledge of opportunities for professional growth, lack of interest, and applicability to current position. The questions were presented in a four-point Likert scale format, and respondents were to rank responses from not important to very important.

Data analysis

Data analysis of the survey results included descriptive and inferential statistics. Descriptive statistics were used to answer the first research question and included mean and standard deviations for continuous variables (i.e., age and years of nursing experience), frequencies, and percentages for categorical variables derived from the Likert scale survey questions concerning PD components, motivators, and barriers. The continuous variables of age and years of nursing experience were categorized as groups (i.e., 1–2 years, 3–4 years) for statistical analysis of correlations and differences. Pearson correlations were conducted to examine responses to selected paired questions that answered the second research question. Chi squares (or, in cases with sparse cells, Fisher tests) were conducted to determine differences among age groups' responses to several items that answered the third research question. The decision to use a nonparametric statistical analysis test was based on the research team's fundamentalist view concerning the data collected from the Likert scale questions. According to Grove (2017), a fundamentalist believes that equal intervals do not exist between each option. This viewpoint is in contrast to a pragmatist's belief that, with many scaling devices, an underlying continuum is present to support the use of parametric statistics. For all statistical analysis the significance was set at $\alpha = 0.05$.

Because the survey was a newly developed tool, Cronbach α was calculated to answer the fourth research question. As a measure of reliability, specifically internal consistency, Cronbach α is typically scored on a scale from 0 to 1.0. Nunnally (1978) and Polit and Beck (2018) identified that the higher the Cronbach α, the more internally consistent the measure (i.e., a score greater than 0.7 indicates that an instrument is reliable for a newly developed tool versus 0.8 for a more established tool).

Results

Sample demographics

A total of 74 nurses completed the survey (see Table 1: Sample Demographics). Of those, 70 (96%) were women. Participants' educational preparation was as follows: three masters of science in nursing (4%), 47 bachelors of science in nursing (64%), 21 associate degrees in nursing (29%), and two diplomas/other (3%). There were 52 front line staff (73%), and the remainder were nursing leaders and educators. The mean age was 33.5 years, and the range was 21 to 61 years. The average years of nursing experience were 8.3, ranging from 0 to 30 years. Ninety-five percent ($n = 69$) of respondents reported that they were familiar with the term PD.

Research Question 1: What are the PD components, motivators, and barriers identified by nurses working in a pediatric setting?

Table 1
Sample demographics. Table presents the frequencies and percentages of the sample descriptive statistics including age, degrees, and current position.

Demographic data	*n* (%) *N* = 74
Gender	
Male	3 (4)
Female	70 (96)
Highest nursing degree	
BSN or higher	50 (68)
A.D.N. or diploma	23 (32)
Also had non-nursing degree	
No	55 (74)
Yes	19 (26)
Highest non-nursing degree	
Bachelor's or higher	15 (79)
Associate	4 (21)
Current nursing position	
Front line staff	52 (73)
Leader or educator	19 (27)

Note: Most categories had missing data.

Nurses ranked PD components, motivators, and barriers on a Likert scale ranging from not important to very important (Figs. 1, 2, & 3, respectively). Continuing nursing education (96%) and nursing specialty certification (90%) were the highest ranked PD components. Participation in work-related committees (77%), research (73%), and professional organization membership (67%) were ranked lowest.

Highest-ranked PD motivators were increased knowledge base to improve patient care (98%), personal fulfillment (93%), and extended clinical role (93%). Interestingly, salary (76%) and promotion (78%) were the lowest-ranked PD motivators. As expected, the primary barriers to PD were family commitments (70%) and finances (68%). The three lowest-ranked barriers were accessibility of offerings (38%), knowledge of opportunities for professional growth (31%), and knowledge about PD (27%).

Research Question 2: Are there relationships between age, years of nursing, level of education, and PD components, motivators, and barriers?

Pearson product-moment correlation coefficients "(r)" were conducted to examine relationships between age, years of nursing, and level of education as well as the survey items for PD components, motivators, and barriers. Four findings indicated moderately strong relationships. First, a negative correlation existed between age and importance of academic education ($r = -0.35200$; $p = 0.0024$). Specifically, younger nurses (age 29 years and younger) placed more importance on seeking degrees as part of their PD than older nurses. Second, a positive correlation existed between type of nursing degree and importance of continuing nurse education opportunities for PD ($r = 0.24375$; $p = 0.0420$). Nurses with bachelor or master degrees stated that continuing education opportunities were important components of PD in contrast to nurses educated at the associate or diploma level. Third, a negative correlation ($r = -0.23632$; $p = 0.0457$) existed between the importance of improving self-confidence and highest level of education. Nurses with bachelor degrees or higher did not identify increasing self-confidence as a motivator. For nurses educated at the associate or diploma level, increasing self-confidence was identified as a significant motivator. Finally, a negative correlation existed between age and importance of increasing job opportunities ($r = -0.38265$; $p = 0.0008$). The younger the nurse, the greater the importance placed on PD to expand job opportunities.

Research Question 3: Are there differences in the variables of age, years of nursing, level of education and PD components, motivators, and barriers?

Chi squares (or, in cases with sparse cells, Fisher tests) were conducted to determine differences among age groups' responses to several of the items, resulting in two significant findings. First, older nurses were less likely ($p = 0.0244$) than younger nurses to see continuing academic education as important to their PD. Only one nurse in the age group of 50 years and older said continuing academic education was important in respect to PD compared with 21 (64%) nurses younger than 30 years. Secondly, age groups differed in their responses about the importance of job opportunities ($p = 0.0202$). Only two (33%) nurses 50 years and older said job opportunities were very important compared with 22 (67%) nurses younger than 30 years.

Research Question 4: What is the internal consistency reliability of the survey designed by the research team to examine PD components, motivators, and barriers?

Three sections of the tool had acceptable reliability for a newly developed tool. The Cronbach α for questions that focused on PD components was 0.76. The Cronbach α for questions that focused on personal motivators was 0.71. Finally, the Cronbach α for questions that focused on PD barriers was 0.80.

Discussion

The top ranked PD components, motivators, and barriers were, respectively, continuing education, increased knowledge base to improve

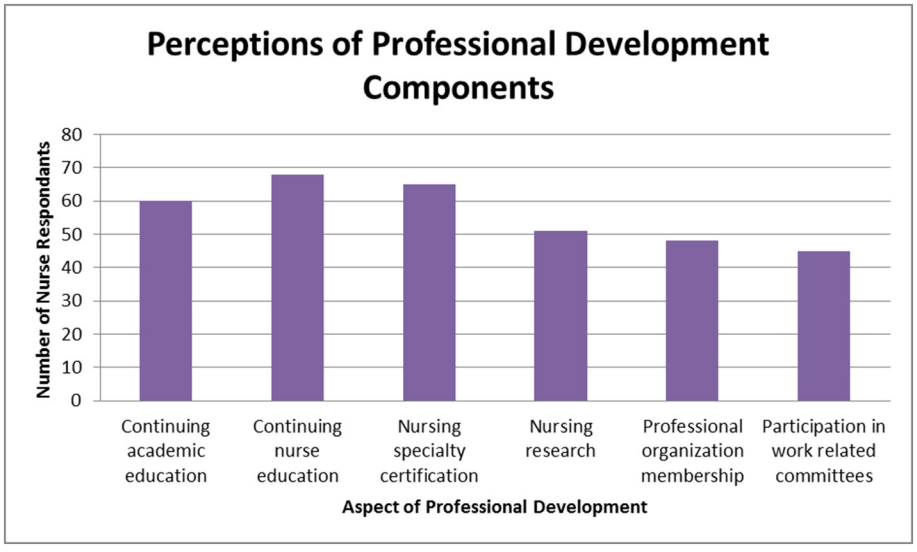

Fig. 1. Perceptions of professional development components. Bar graph depicts the number of nurses who identified each one of six aspects/components of professional development.

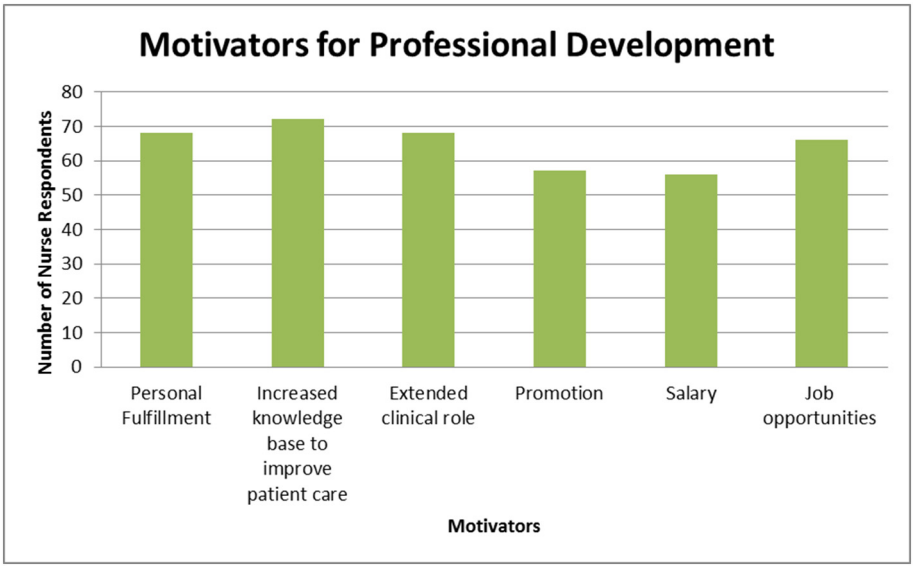

Fig. 2. Motivators for professional development. Bar graph depicts the number of nurses who identified each of six motivators for professional development.

patient care, and family commitments. The lowest-ranked PD components were committee involvement, research, and professional organization membership. Several considerations should be taken from these results. First, front-line nursing staff at the facility where data were collected historically have viewed committee involvement as being only for those in leadership positions. However, committee involvement may show a level of engagement that is important for retention, ownership of practice, Magnet Recognition®, and leadership. Secondly, with the emergence of research-intensive doctoral nursing degrees, the nursing profession has placed emphasis on research at least since the 1960s (Reid Ponte & Nicholas, 2015). However, the current study results suggest that a knowledge deficit remains among nurses in relation to participation in and the application of research. The literature suggests this challenge has been ongoing for nurses functioning at different levels of educational preparation (Grant, Stuhlmacher, & Bonte-Eley, 2012; Marshall, Morgan, Klem, Thompson, & Wells, 2014; Polit & Beck, 2018). Study findings suggest nurses need encouragement to consider avenues besides education as ways to enhance PD. Many nurses may not recognize PD can encompass an assortment of options, such as those suggested by Wilson (2015) including seeking growth opportunities within one's current role, joining professional nursing organizations, mentoring, and participating in interprofessional work groups.

The highest-ranked components, namely continuing nursing education and specialty certification, could be a reflection of a priority of the study setting, which is to obtain a national distinction of nursing excellence. Other possible explanations are that, within the facility, several hundred hours of free continuing education are offered each year. In recent years during Nurses' Week, the facility has recognized certified nurses with ceremonies and celebrations. Additionally, the facility offers free specialty review courses and full reimbursement for testing costs. Rees, Glynn, Moore, Rankin, and Stevens (2014) and Shimp, Sims, and Lugo (2015) concluded that health care facilities providing activities to promote certification will see an increase in the number of certifications among their nursing workforce.

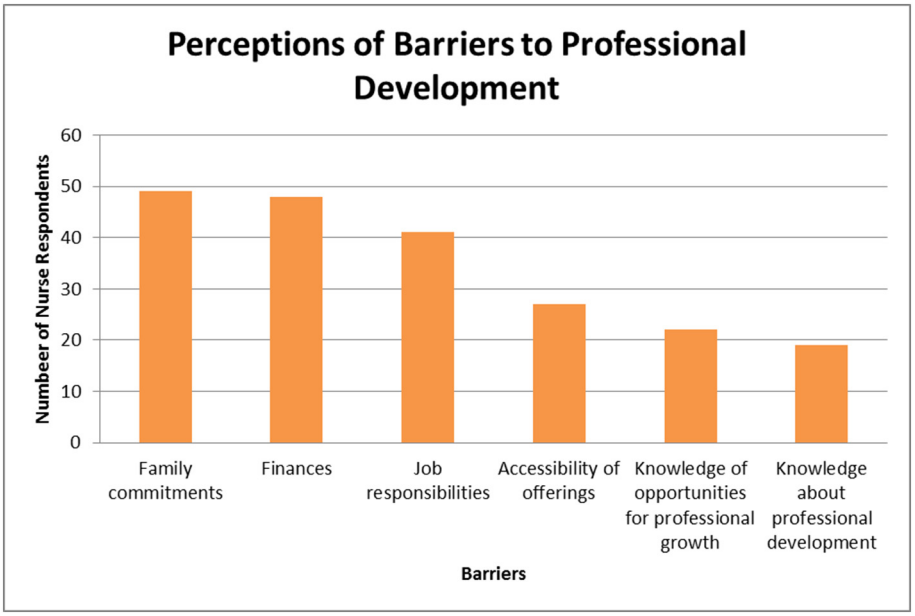

Fig. 3. Perceptions of barriers to professional development. Bar graph depicts the number of nurses who identified each of six perceived barriers to professional development.

The top-ranked PD motivators were increased knowledge base to improve patient care, personal fulfillment, and extended clinical role. A study by Averlid (2017) also found that one motivator for seeking professional development was the desire to deliver quality patient care. With increasing numbers of quality indicators tied to payment, the highest-ranked motivators suggested that nurses intrinsically want to provide safe, quality patient care. This suggests that nurses are prepared to lead conversations focused on identifying appropriate responses to budgetary challenges faced by many healthcare systems.

Having salary and promotion as the lowest-ranked motivators possibly reflects the heart of nursing as a caring profession. Many nursing theories have caring as a foundational framework. In six different nurse theorist publications, caring as an integral component of nursing is evident (Benner, 1984; Benner & Wrubel, 1989; Boykin, 1994; Leininger, 1981; Swanson, 1991 & Watson, 1979). Globally they support caring as a vital part of nursing even though individually they vary as to what aspect of caring is their focus.

Additionally, findings may indicate nurses' placement of value on their work that is more intrinsic versus extrinsic rewards such as salary or promotion. A study of 402 registered nurses' perceptions of rewards reported that nurses assigned higher values to several nonfinancial versus financial awards. Nonfinancial awards identified in the study included appreciation from the work community and opportunities for professional growth (Seitovirta, Lehtimäki, Vehviläinen-Julkunen, Mitronen, & Kvist, 2018). In a qualitative study that involved interviewing 46 nurses, the ability to help people commonly affected job satisfaction (Atefi, Abdullah, & Wong, 2016). A conclusion of a study of 201 registered nurses found that nurses' sense of individual achievements was rated high as a motivation to work (Toode, Routasalo, Helminen, & Suominen, 2014).

As expected, the primary barriers to PD were family commitments and finances. Although these are factors external to the organization, they can be minimized by organizational support of flexible scheduling and financial incentives, such as tuition reimbursement. In a study by Romp et al. (2014), financial assistance was identified as a motivator to encourage academic advancement. The three less frequently identified barriers were accessibility of offerings, knowledge of opportunities for professional growth, and knowledge about PD. Possible explanations include workplace support in attaining continuing education hours, available reimbursement and scholarship funds, and flexible scheduling. In addition, ancillary support services include an academic research department and medical library. Another reason these items ranked low as barriers may be related to the hybrid approach the children's hospital uses for Nursing PD (NPD) practitioners. NPD practitioners are registered nurses who—through their education, credentials, and experience—advance quality health care by promoting nursing professional development practice (Association for Nursing Professional Development, 2018). The NPD practitioners devote a percentage of their time to direct patient care in their home unit. This arrangement allows frequent visibility and interaction, which encourages collaboration between the NPD practitioner and front line staff.

The statistical analysis of correlations and differences resulted in several significant findings. A positive correlation existed between level of nursing education and importance of continuing nurse education opportunities for PD. Nurses with bachelor or graduate degrees identified that continuing education opportunities were important components of PD in contrast to nurses educated at the associate or diploma level. A possible explanation could be that increased education fosters an intrinsic quest for knowledge. In a study of more than 1000 nurses, the highest ranked benefit for returning to school was expanded knowledge (Sarver, Cichra, & Kline, 2015).

Findings suggested statistically significant relationships and differences among ages of nurses and those seeking advanced education. Younger nurses (i.e., less than 30 years) placed more importance on seeking additional degrees as part of their PD than older nurses. Only one nurse in the age group of 50 years and older identified seeking additional degrees as important versus 21 nurses younger than 30 years. Bell (2013) and Pool et al. (2013) suggest that older nurses place less importance on seeking additional degrees then their younger counterparts. A possible explanation may be that older nurses may see returning to school as a decreased return on investment. They may feel that, with a limited number of years left in their professional careers, they may not recoup the costs in terms of tuition plus time away from personal, family, and work-related responsibilities (Romp et al., 2014). It is of value to remember motivation for seeking PD opportunities can vary depending upon age, education level, and other components of professional and personal lives.

Limitations

Potential bias for this study could have occurred because many participants were recruited at a PD fair and were possibly more interested in this topic than the general nurse population. Generalization of results is limited because data collection occurred only at a single pediatric specialty facility. All survey respondents were pediatric nurses, which could limit generalizing results to nurses working with other populations. Although the survey reported reliability, it was newly developed, so additional psychometric work, including establishment of content validity, is suggested.

Conclusions

Wilson (2015) believed that life-long learning is a critical component for relevance as front-line leaders and for continued upward movement on institutional career ladders. The current study's findings suggested nurses recognized the importance of PD but may need encouragement to seek opportunities beyond academic education. Study findings indicated motivation for seeking PD opportunities varied and were dependent upon factors such as age and educational level. Finally, study findings implied that an essential reason for seeking PD opportunities was the nurse's desire to provide safe, high quality patient care. Although study results did provide evidence on perceived components, motivators, and barriers on PD, there are implications for future studies. Future research areas include intervention studies to determine most effective ways for helping nurses to increasingly see the value of and participate in PD activities of research, workplace committees, and professional organizations.

Authors' statement

The submitted manuscript, "**Pediatric Staff Nurses' Conceptualizations of Professional Development**" is an original work written by Kelly Horn, MSN, RN, CPON, Laurel Pilkington, DNP, RN, and Phyllis Hooten, PhD, RN-BC. Anywhere within the manuscript there is mention of another published article, there is a citation and it is listed in the References Section. The authors have no conflict of interest to disclose. The submitted manuscript is not currently being considered for publication by any other journal. The authors verify that the manuscript is an accurate account of the work performed related to the research study. They are presenting an objective discussion of the significance of the research study.

Credit roles

Kelly Horn: Conceptualization; data curation; investigation; methodology; Validation; Roles/writing including original draft; and Writing – review & editing.

Laurel Pilkington: Conceptualization; data curation; investigation; methodology; Validation; Roles/writing including original draft; and Writing – review & editing.

Phyllis Hooten: Conceptualization; data curation; investigation; methodology; Validation; Roles/writing including original draft; and Writing – review & editing.

Acknowledgments

The authors would like to acknowledge JuHee Song, Shawna Henry, MSN, RN, Adam Stephens, and Angela Rutherford for their contribution to this article.

Declaration of interest

None.

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